**Instructions:** Provider to complete the Exceptional Cost & Staffing Pattern Worksheet if requesting either an enhanced or outlier rate. Send via secure email to [communityfirstprovider@inclusa.org](mailto:communityfirstprovider@inclusa.org) or fax to 608-785-5341.

Inclusa’s Regional Review Committee will review all requests and notify the provider whether the request was approved or declined. If a rate review is approved, the provider should expect the rate to be reviewed at regular intervals.

Provider/Program Name:

Completed by: Date Completed:

Phone: Email:

Resident Names:

1. What staffing pattern is needed for this member? Please be very specific (example: 1:1 during the day but not at night, etc.):

1. Is the member routinely out of the home for a portion of the day? Please be specific as to where they go and typically how long they may be out of the home. (example: Employment or Day Services; Monday, Wednesday and Friday from 8 a.m. to 4 p.m.):

If the member is routinely out of the home, do staff from the home accompany the member and what does this look like for this member?

1. What does transportation look like in the home for all residents/members, including the member for whom you are requesting this rate?

1. Is there a Behavioral Support Plan (BSP) in place?

If so, please attach the tool that will be used for tracking behaviors and the effectiveness (outcomes) of the BSP.

1. Staffing Patterns:

How many resident beds are in the home?

|  |  |  |  |
| --- | --- | --- | --- |
| Hours of staff in the House | between  7 a.m. and 3 p.m. (1st shift) | between  3 p.m. and 11 p.m. (2nd shift) | between  11 p.m. and 7 a.m. (3rd shift) |
| Number of staff multiplied by hours |  |  |  |
| Awake or Sleep staff |  |  |  |

1. Please provide any additional information that supports the need for this rate: